

**PROCEDURE TO APPLY FOR CONSENT UNDER 18 U.S.C. 1033
FEDERAL VIOLENT CRIME CONTROL
AND LAW ENFORCEMENT ACT OF 1994**

- 1) Submit completed application to IDOI Enforcement Division with all required documentation, including a current and complete criminal history for the application;**
- 2) Commissioner will approve application and issue consent or deny application within 30 days from the date of receipt in IDOI;**
- 3) If denied, applicant must request a hearing within 15 days of date of receipt of consent denial;**
- 4) Commissioner must schedule hearing within 30 days of receipt of hearing request.**
- 5) Applicant has burden of proof at hearing, to show that Commissioner's denial of consent was unreasonable.**
- 6) Within 30 days of hearing, Commissioner will issue a Final Order either granting or denying consent.**

APPLICATION FOR WRITTEN CONSENT UNDER THE VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994

Pursuant to the Federal Violent Crime Control and Law Enforcement Act of 1994, an individual working for an entity regulated by the Indiana Department of Insurance (IDOI), who has a felony conviction, must obtain written consent from the Indiana Commissioner of Insurance before being eligible to participate in the business of insurance. The following application is necessary for the Commissioner to determine eligibility. If the applicant needs more room to form a complete answer than provided within the application, the applicant may finish the answer on an attached sheet, typed and double-spaced, responding to the question asked.

The Indiana Commissioner's determination of fitness to participate in the business of insurance is based on the applicant's truthfulness regarding the facts disclosed. An applicant must answer each question with utmost honesty and completeness. The application will not be considered until all required documentation is provided to the Commissioner of Insurance.

A. Personal Information

Full Name: _____

Social Security Number: _____

Address: _____

Any Other Legal Name Used: _____

Dates Used: _____

Any Other Social Security Number Used: _____

Dates Used: _____

B. Job Position and Employer

Insurer Employer Name: _____

Insurer Employer Address: _____

Job Title of Position Sought/Currently Holding: _____

Description of Duties Associated with Position: _____

Present Employment/Business Activity: _____

Any Professional License Currently Held Regarding the Business of Insurance?

Yes _____ No _____

Any Professional License Regarding the Business of Insurance Held at Any Time in the Past (Including Being a Producer, Agent, Broker, Solicitor, or Third-Party Administrator)?

Yes _____ No _____

If so, what is the license? _____

Date Received License: _____

Have You Ever Received a Consumer Complaint, Administrative or Other Legal Proceeding Filed Against You Regarding Your Insurance Activities?

Yes _____ No _____

If Yes, When Was the Complaint, or Proceedings Commenced? _____

In What State and/or States Was the Proceedings Commenced? _____

What Were the Results of the Complaint or Proceedings? _____

As a Result of the Complaint or Proceedings, Has Your License Ever Been Revoked, Suspended or Otherwise Administratively Sanctioned?

Yes _____ No _____

If Yes, Please Describe: _____

What Was the Date of Suspension: _____

What Was the Date of Revocation: _____

C. Felony Conviction

Felony Conviction Charge: _____ Date of Felony Conviction: _____

Age at Time of Felony: _____ Court Where Convicted: _____

Location of Felony Conviction (City and State): _____

Penalty and/or Sentence: _____

Description of Details Regarding Felony Conviction: _____

Do You Have Any Outstanding Court Costs, Supervision, Fees, Fines and Restitution that Still Need to be Paid? (Check Applicable Answer)

Yes _____ No _____ The Court Ordered No. of Payments: _____

If so, What is the Payment Schedule? _____

In What Way Will the Criminal Offense Have Any Bearing on your Fitness or Ability to Perform Duties, Activities or Responsibilities Required in the Position Sought? _____

Has a Full or Partial Pardon Been Obtained for the Offense? Yes _____ No _____

Is There Any Evidence of Extending Circumstances Surrounding the Commission of the Offense? _____

List Any Evidence of Rehabilitation: _____

In addition to filing a complete application with the Commissioner of Insurance, an applicant must include:

- 1) A certified copy of the order of judgement for the felony conviction;

- 2) A certified copy of a court document substantiating payment of fees, court costs, fines and restitution;
- 3) A current credit report;
- 4) Applicant's criminal history record obtained from the Indiana State Police;
- 5) An affidavit from the insurer's President (or lawfully delegated designee) that states: the applicant will perform the insurance activities fully described in the application, the application is in his/her opinion a true and correct statement of facts, and the applicant will not be placed in a position where his/her activities will constitute a risk or threat to insurance consumers or the insurer; and,
- 6) Copy of Photo Identification.

The Applicant agrees that the above application is conditioned on the truth of the information and the applicant remaining in the position listed on the application. Additionally, the applicant hereby verifies that the above application is a true, accurate and complete statement of facts:

Signature of Applicant: _____

Applicant Name: _____

Date Signing Application: _____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me a Notary Public for _____ County, State of Indiana,
personally appeared _____ and being first duly sworn by me upon his/her
oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed
this day of _____, 20__.

Notary Public, Signature

Notary, Printed Name

My Commission Expires: _____

County of Residence: _____

Return to:

Indiana Department of Insurance
311 W. Washington St., Suite 300
Indianapolis, IN 46204-2787
Phone: (317) 232-2385